

discusses their food, clothing, air, exercise, amusements, habits, health, personal appearance and behaviour, mental



Sanctorius in his Balance.

information, and, lastly, moral and religious instruction. Sir John Sinclair's book was, in fact, the first systematic work on hygiene of the nineteenth century.

## The Poor Law in 1800.

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GREAT as the progress of the Poor Law during the nineteenth century has been, in no department has the progress been greater than in that portion dealing with the sick poor. During the first third of the century the condition of the sick poor was deplorable in the extreme, whether looked at from the old or the new Poor Law point of view.

Even Thomas Carlyle, who was no admirer either of the "Old Poor Law" or new Poor Law, very properly describes the "Old Poor Law" as founded "on unthrift, idleness, bastardy, and beer drinking." In the earlier part of the century there was no Central Authority, either Poor-law Commissioners or Local Government Board. The consequence was that only now and again, when Parliament, becoming alarmed

at the ever-increasing burden of paupers asked for statistics, could any clear idea of the state of the country as regards "pauperism" be obtained. The overseers of every parish had the power to do what was right in their own eyes; and very peculiar those ideas of right were.

In some of the large towns, like Manchester and Liverpool, "select vestries," or similar administrative bodies, had been established, and had placed the administration of the Poor Law on an improved basis; but still the condition of the sick poor throughout the whole country was miserable in the extreme.

A bad system of Poor-law relief, accompanied by bad laws, had resulted in the utter demoralisation of the poorer classes of this country. That the assertion is no mere figure of speech is proved by the statistics of the time showing the enormous amount of pauperism existing in the first year of the century.

Returns called for by Parliament in 1801 show that, out of a population of 9,000,000, no fewer than 1,000,000 were paupers; roughly speaking, 12 per cent. were burdens on the State. At the commencement of the century war and famine had raised prices to an enormous extent; how heavy the burden upon the ratepayers was may be judged from the fact that the relief of the poor cost in the year 1811 no less than 17s. 6d. a head of the population. To-day, with all our improvements, the cost is only 7s. 2½d. a head.

Enormous as this expenditure was, it certainly did not provide proper medical relief for the poor. Even after the passing of the Poor Law Reform Bill, out of an expenditure of £4,600,026, upwards of £254,000 was simply wasted upon the Law of Settlement and Removal, and only £147,000 was spent on medical relief; so that £100,000 less was expended on the "sick poor" than was expended on useless law costs and the often cruel and dangerous removal of sick and sometimes dying paupers.

In considering the Poor Law of the first half of the century it is necessary to remember that the term "workhouse" was to a great extent a correct description of an institution that is now—with the exception of a few "test houses"—becoming almost extinct. Everyone acquainted with modern Poor-law institutions is well aware that the so-called "workhouse" is really a hospital, an asylum, an almshouse, and a school. The real "able-bodied pauper," especially the "out-door adult able-bodied pauper," who used to be known as the "roundsman," and who was the *bête noire* of our forefathers, is disappearing from the scene, and now only exists as "a sad memory of a melancholy past." Even so late as 1843, out of 88,000 indoor paupers, only 10,000 were classed as sick, and only 146,000 out of 365,000 outdoor patients were so described.

If these figures are compared with statistics of to-day, they prove an enormous improvement in the economic condition of the people. The vast majority of present-day adult paupers are suffering from mental or physical disease—an altogether different class from the able-bodied, idle vagabonds that constituted a large part of the paupers in the earlier years of the century.

How horrible the state of affairs in some of the workhouses was, even as late as 1838, is proved by the records of the Poor-law Commissioners. Dr. Southwood Smith describes the condition of affairs in the Whitechapel Workhouse in the following words: "I was struck with the fact that out of 104 children resident in the House 89 had recently been attacked with fever. On examining the dormitory in which these children slept, my wonder ceased; in a room 88 feet long, 16½ feet wide, and 7 feet high, with a sloping roof rising to 10 feet, live 104 children, together with 4 women who had charge of them slept. The beds are close to each other; in

all the beds there are never less than 4 children, in many 5. The ventilation of the rooms is most imperfect. I was likewise struck with the dull and unhealthy appearance of a number of children in the same workhouse, in a room called the infant nursery; these children appeared to be from 2 to 3 years of age; they are 23 in number, they all slept in one room, and they seldom or never go out of this room, either for air or exercise. Several attempts have been made to send the children into the country, but a majority of the Board of Guardians has hitherto succeeded in refusing the proposal."

"In the Whitechapel Workhouse there are two fever wards. In the large wards the beds are much too close. Two fever patients are placed in each bed; the ventilation is most imperfect, and the room is so close as to be dangerous to all who enter it, as well as most injurious to the sick. The privies in the workhouse are in a filthy state, and the place altogether is very imperfectly drained; there is not a single bath in the house"; and Dr. Southwood Smith sarcastically adds to the report "these facts are the more remarkable because before I went over the house it was represented to me as being in all respects in a very excellent state." It is only right to state that the Whitechapel institutions are really now in an excellent state.

Fever then, was like the poor, always present; in one year three of the medical officers in two London unions were struck down with typhus fever. At another workhouse a room 55 feet by 8 feet by 6 feet found accommodation for 28 young men who slept 5 in a bed. In the young women's ward 16 beds were considered sufficient for 64 young women to sleep in. One of the dormitories was over the washhouse, and usually it was filled with steam; when it is added that there was not 100 cubic feet per head, the condition of things in this ward, which was used for women and children, can be imagined. The sick wards never exceeded 10 feet high, half of them being only 8 feet; no wonder that the report adds "the wards were close and foul." Anyone who has studied the literature of the times will find similar and worse reports than those quoted.

Bad as the provision for the sick poor was, the remuneration of the medical officers was equally so. The Act of 1834 had extended the areas for which the so-called "parish doctor" was responsible, while the system of remunerating him for his services was one that certainly did not lend dignity to the profession. Before the report of the Select Committee on the Poor-law Amendment Act, 1838, it was the custom to advertise for tenders from medical men, and the lowest tender for drugs and attendance was accepted. The Committee did not approve of so degrading a system, but from the report it is very evident that a miserable cheeseparing system existed. Some of the tenders must have been low indeed, judging from the evidence, and, if the result was that the drugs were not of the best quality, as was stated by some of the witnesses before the Committee, it can hardly be wondered at. I find in the evidence that Mr. Rumsey proposes and Dr. Kay supports the proposal "That the scale of remuneration to union medical officers should be about 6s. 6d. or 6s. per case." Mr. Rumsey supposes that this would be about double the present amount of remuneration! The first-named gentleman was then Secretary of the Provincial Medical and Surgical Association, and he strongly advocated before the Committee the appointment of a Medical Commissioner to act with the other Poor-law Commissioners in matters concerning the medical relief of the sick poor. It was not to the credit of the Commissioners that they declined to support this recommendation. That there was ample need for it is proved by

the fact that so miserable was the payment to the medical officers that even in 1844, though a great improvement had taken place, yet still the remuneration received by 2,680 medical officers in England and Wales only amounted to £124,532. As the amount expended for the same purpose last year was £397,000, and the number of paupers was little more than one-half what it was then, there has been some increase in the scale of remuneration, but it must be confessed that in a large number of cases there is still room for improvement.

The conditions under which the medical officers of that time worked, and the slums into which they had to go, appear to have been, if possible, more horrible than those which exist at the present time. In Manchester there were in 1844 4,443 cellar habitations containing upwards of 18,000 people. How the people existed may be imagined from an official report, which shows that there were in these cellars

1,500 cases where 3 persons slept in one bed

738	"	"	4	"	"	"
281	"	"	5	"	"	"
94	"	"	6	"	"	"
27	"	"	7	"	"	"
2	"	"	8	"	"	"
31	without beds					

Fever cases were continually on their books; in Manchester, in the year 1838, the deaths from epidemic diseases amounted to 1,924; the number was nearly equal to one-third of the total number of deaths. As a very considerable number of these deaths took place in the workhouses the unnecessary burden cast upon the ratepayers must have been enormous. Bad as the condition of the physically sick poor was, the condition of the mentally sick was, if possible, worse.

Lord Shaftesbury, in his evidence before the House of Commons, gave a horrible description of the imbecile wards. His evidence as to the state of affairs in one of the large workhouses was terrible. He described the patients as being many of them chained like dogs to the wall, and usually left from Saturday night to Monday morning to sleep on a bed of straw, with no food provided for them but a jug of water and some dry bread. Some of these places were ventilated and lighted simply by apertures in the wall destitute of glazing. The wretched imbeciles were often very meagrely clad; in many cases in a state of absolute nudity; and the "keepers" often of the lowest and most brutal class.

Since the close of the first half of the century, when Lord Shaftesbury and his friends took up the question of How to Raise the Working Classes, enormous improvement has taken place. Many of the readers of the BRITISH MEDICAL JOURNAL will remember the splendid work done by Mr. Hart, when he was on the staff of another medical journal, in drawing attention to the horrors that existed in far too many of the workhouses in England, not only in the small unions but also in the metropolis; the three greatest improvements in the administration of the Poor-law have come from the Midlands and the North.

To the Chorlton Union belongs the honour of establishing the first pavilion hospital on modern lines for sick paupers, and it may be of interest to some of the medical profession to know that when the plans for that hospital were submitted to the Poor-law Commissioners of that time they were met with the remark, "You do not surely expect your ratepayers to pass those plans;" the reply made by the then clerk to the guardians was, "You pass them and we will meet the ratepayers." To the honour of the ratepayers of the Chorlton Union be it said they have always supported the guardians in making proper provision for the sick poor, and the example they have set has happily to a great extent spread throughout the length

and breadth of the land, and many of the union hospitals are now fully equal to the voluntary hospitals.

To Liverpool must be given the credit for reforming the system of nursing in workhouses. Half a century ago the total number of so-called nurses employed in the 591 unions was 171; their salaries amounted to £2,161, a sum equal to about one-third of what was then expended upon workhouse porters. The whole credit of the reform is due to Mr. William Rathbone, who, suffering from typhoid fever, found so much comfort from trained nurses that he offered for three years to pay the cost of providing them for the Brownlow Hill Hospital; the system of course succeeded, though one of the most eminent authorities at that time expressed the belief "that it was worth trying, but she did not think it would succeed."

Of all the reforms effected in relief of the sick poor during the century, that in my opinion is the greatest.

To Birmingham belongs the honour of properly providing for workhouse children by establishing their cottage homes at Marston Green.

No doubt many reforms are still required, but looking at the condition of affairs in the earlier years of the century, and that existing now, we may look forward with hope and courage to the coming century as one that will see the relief of the sick poor based on a satisfactory footing both as regards the sick poor themselves and those under whose care they are placed.

## Military Medicine in 1800.

It should perhaps be explained that the term "military medicine" is intended to include the applications of the healing art in all its branches to the special needs of fighting men whether they serve their country by land or sea. For this extended use of the word "military" we have the authority of that great naval expert, Captain Mahan of the United States Navy, and it is fully justified by its philological propriety not less than by its practical convenience. The Navy is the senior of Her Majesty's two military services. Hence it is fitting that it should have the first place in the following sketch.

### NAVAL MEDICINE.

If in 1800 the surgeons of the British Navy were not skilful in their profession, assuredly it was not for lack of experience. Most of them had seen the effects of hard knocks and of epidemic disease in its worst forms in various parts of the world. Splendid work in preventive medicine had been done by some of them in the latter half of the closing century. James Lind, who had spent some of the early years of his professional life in the navy, and who was physician to Haslar Hospital till his death in 1794, was indefatigable in his efforts to improve the health of seamen. The conditions under which they lived on board ship may be gathered from Lind's statement that "the number of seamen in time of war who die by shipwreck, capture, famine, fire, or sword are but inconsiderable in respect of such as are destroyed by the ship diseases and by the usual maladies of intemperate climes." This was written in 1774 in the "advertisement" to the third edition of his *Essay on the Most Effectual Means of Preserving the Health of Seamen in the Royal Navy*, the first of which was published in 1757.

### SCURVY AND ITS RAVAGES.

The most destructive of the ship diseases to which Lind refers was scurvy. "This disease alone," he wrote in the preface to his famous *Treatise on Scurvy*, which saw the light

in 1754, "during the last war proved a more destructive enemy and cut off more valuable lives than the united efforts of the French and Spanish armies." Lord Anson, in his great voyage of circumnavigation, lost four out of every five of his ship's company by scurvy in two years. It was the narrative of the sufferings of his crew that moved Lind to write on scurvy. In the preface to his treatise he says: "It was acknowledged that the best descriptions of it are met with in the accounts of voyages, but it was regretted that those were the productions only of seamen, and that no physicians conversant with this disease at sea had undertaken to throw light upon the subject, and clear it from the obscurity under which it had lain in the works of physicians who practised only on land." Lind himself had had considerable experience of scurvy at sea, particularly in two Channel cruises in 1746 and 1747, and had tried many plans of treatment; but the result of all his experiments was that "oranges and lemons were the most effectual remedies for this distemper at sea." Lind did not claim the credit of having discovered the virtues of the fruit juices which he recommended; indeed, he says: "These fruits have this peculiar advantage above anything that can be proposed for trial, that their experienced virtues have stood the test of nearly two hundred years." In proof of this statement he quotes B. Ronssens, who wrote in 1564, and according to Lind was the first writer on the subject, as saying that "in all probability the Dutch sailors had by accident fallen on this remedy when affected with scurvy on their return from Spain loaded with these fruits, especially oranges."

Lind's work on scurvy was soon translated into French, and his teaching was at once accepted by the medical profession throughout Europe. But it is written that no man is a prophet in his own country, and there is hardly to be found in history a more striking illustration of the truth of this aphorism than the indifference with which Lind's advice was received by the British Government. The case is cited by Mr. Herbert Spencer as an example of the "amazing perversity of officialism." But it would be difficult, were there not the clearest evidence in proof of the fact, to believe that even the most red tape-bound official could have failed to see the importance of the matter. While scurvy was slaying our sailors by thousands, making our fleets useless, and threatening to undermine our sea power, the Admiralty, with the means of prevention actually in its hands, remained impassive like the gods of Lucretius. In 1780 Admiral Geary had to return to port with 2,400 men of the fleet disabled by scurvy. Fifteen years later Lord Howe almost lost his fleet in the Channel owing to the same cause. This at last aroused the naval authorities from their apathy, and—two hundred and fifty years after the remedy was discovered, and nearly half a century after one of the chief medical officers of the Government had demonstrated its efficacy—they issued an order that a regular supply of lemon juice should be furnished to the navy.

This order was issued in 1795, a year after the death of Lind. The reform was doubtless due to the influence of Sir Gilbert Blane, who in that very year had been appointed Chief Officer of the Navy Medical Board. What Lind did has been well set forth by Sir John Simon in the following words: "The fact that scurvy, which used to cripple fleet after fleet, and to waste thousands on thousands of the bravest of lives, has..... become an almost forgotten disease is due emphatically to Lind; and to him therefore, even thus far, we owe such saving of human life as probably to no other one man except the discoverer of vaccination."